

modification 4



**Action Taken on Existing Citation
Utah Coal Regulatory Program**

1594 West North Temple, Salt Lake City, UT 84114
Phone: (801) 538 - 5285 Fax: (801) 359-3940

Action on Citation#: **21165**
Permit Number: **C0250005**
Date Cit. Issued: **03/09/2016**

☒ **MODIFICATION** of ☐ **TERMINATION** of ☐ **VACATION** of
☒ **NOTICE OF VIOLATION** ☐ **CESSATION ORDER (CO)** ☐ **FAILURE TO ABATE CO**

Permittee Name: **ALTON COAL DEVELOPMENT LLC**

Inspector Number and ID: **37** **PBURTON**

Mine Name: **COAL HOLLOW**

Date and Time of Action: **05/19/2016** **9:00 am**

Certified Return Receipt Number: **7008 0150 0002 0896 5441**

Date and Time of Service: **05/19/2016** **5:00 pm**

*In accordance with the provisions of the Utah Coal Mining and Reclamation Act,
Utah Code Ann. § 40-10-1 et. seq. (Act), the above referenced Citation is:*

☒ **Modified as follows:**
The abatement date is extended to June 3, 2016. Abatement includes a revision of Drawing 5-3B and the narrative in MRP Chapter 5, Sections 526.220 and 526.300 as described in modification 1, dated March 13, 2016. The original notice and all subsequent modifications are attached.

Reason for modification:

Drawing 5-3B was provided on May 2, 2016, but was returned as incomplete on May 13, 2016. The abatement date is extended accordingly.

☐ **Terminated because:**

☐ **Vacated because:**

KIRK NICHOLAS

(Print) Permittee Representative

PRISCILLA BURTON

(Print) DOGM Representative

Permittee Representative's Signature - Date

DOGM Representative's Signature - Date

Refer to the "Citation For Non-Compliance" for additional information

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

B. Kirk Nichols
Alton Coal Development, LLC
463 North 100 West, Ste 1
Cedar City UT 84720



9590 9403 0577 5183 5398 08

2. Article Number (Transfer from service label)

7008 0150 0002 0896 5441

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

☐ Mail Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt